

**FACSIMILE TRANSMITTAL**

December 15, 2003

*from* **HOLLY D. KOZLOWSKI**

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**To:** Attn: Examiner Z. Fay - Group Art Unit 1614

**Firm:** U.S. Patent & Trademark Office (USPTO)

**Fax Number:** 703-308-4556

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**Comments:**

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Docket No: 31477-5

**PATENT****CERTIFICATE OF FACSIMILE**

I hereby certify that this paper is being transmitted via facsimile to Mail Stop AF; Commissioner for Patents; P.O. Box 1450; Alexandria, VA at facsimile number 703-308-4556 on December 15, 2003.


**IN THE UNITED STATES PATENT & TRADEMARK OFFICE**

Applicant: Johan Stjernschantz et al : Paper No.  
 Serial No.: 09/445,919 : Group Art Unit: 1614  
 Filing Date: March 16, 2000 : Examiner: Z. Fay

For: **Prostaglandin Derivatives Devoid of Side-Effects for the Treatment of Glaucoma**

Mail Stop AF  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a Request for Reconsideration Under 37 CFR 1.116 in the above identified application.

☐ No additional fee is required.☒ Also attached: Request for One Month Extension of Time; Notice of Appeal (fee previously paid)

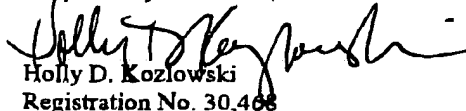
The fee has been calculated as shown below:

	NO. OF CLAIMS	HIGHEST PREVIOUS PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	13	22	0	x \$18 =	\$0
Independent Claims	4	4	0	x \$84 =	\$0
One Month Extension of Time					\$110.00
<b>TOTAL FEE DUE</b>					<b>\$110.00</b>

☐ A check in the amount of \$0 is enclosed.☐ Please charge my Deposit Account No. \_\_\_\_ in the amount of \$0.☒ Please charge the amount of \$110.00 to our Visa credit card account. Form PTO-2038 is attached.

☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication or credit any overpayment, to Deposit Account No. 04-1133, including any filing fees under 37 CFR 1.16 for presentation of extra claims and any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,



Holly D. Kozlowski  
 Registration No. 30,466

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